

Visual Impairment Assessment Documentation

School System _____
Student _____

School _____
Date of Birth ____/____/____

Grade _____
Age _____

1. Definition		
<ul style="list-style-type: none"> ▪ Visual Acuity <ul style="list-style-type: none"> ○ Legal Blindness—20/200 or less at distance ○ Low Vision—20/50 or less at distance ▪ Visual Field Restriction <ul style="list-style-type: none"> ○ Legal Blindness—remaining visual field of 20 degrees or less ○ Low Vision—remaining visual field of 60 degrees or less ▪ Other Visual Impairment, not perceptual in nature, resulting from a medically documented condition 	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Evaluation Procedures		
<ul style="list-style-type: none"> ▪ eye exam and evaluation by ophthalmologist or optometrist that includes documentation of eye condition with best possible correction <ul style="list-style-type: none"> ○ name of physician: _____ ○ date of report: _____ ○ eye exam report includes etiology, diagnosis, and prognosis 	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Written Functional Vision and Media Assessment includes		
<ul style="list-style-type: none"> ▪ observation of visual behaviors – school, home, other environments ▪ educational implications of eye condition (from eye report) ▪ Expanded Core Curriculum Skills Assessment and/or Screening <ul style="list-style-type: none"> ○ orientation and mobility ○ social interaction ○ visual efficiency ○ independent living ○ recreation and leisure ○ career education ○ assistive technology ○ compensatory skills ○ evaluation of reading and writing skills, needs, appropriate reading and writing media ○ evaluation current and future needs for braille ▪ school history and levels of educational performance ▪ documentation (observation and/or assessment) of how Visual Impairment adversely impacts educational performance 	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Signature of Teacher of Students with Visual Impairments

_____/_____/_____
Date

Signature of Assessment Team Member

_____/_____/_____
Date

Signature of Assessment Team Member

_____/_____/_____
Date

Signature of Assessment Team Member

_____/_____/_____
Date